


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90091 037 ***150.00

DOCUMENT # F98000000057 1. Entity Name EN POINTE TECHNOLOGIES SALES, INC.			
Principal Place of Business 100 NORTH SEPULVEDA BLVD 19TH FLOOR EL SEGUNDO, CA 90245		Mailing Address 100 NORTH SEPULVEDA BLVD 19TH FLOOR EL SEGUNDO, CA 90245	
2. Principal Place of Business - No P.O. Box # 2381 Rosecrans Avenue Suite, Apt. #, etc. 325		3. Mailing Address 2381 Rosecrans Avenue Suite, Apt. #, etc. 325	
City & State El Segundo CA		City & State El Segundo, CA	
Zip 90245		Zip 90245	
Country USA		Country USA	
4. FEI Number 95-4650291		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DIN, ATTIAZAZ "BOB" <input type="checkbox"/> Delete 100 NORTH SEPULVEDA BLVD., 19TH FLOOR EL SEGUNDO, CA 90245	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2381 Rosecrans Ave., Suite 325 EL Segundo CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MERCER, ROBERT A <input type="checkbox"/> Delete 100 NORTH SEPULVEDA BLVD., 19TH FLOOR EL SEGUNDO, CA 90245	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIN, NAUREEN <input type="checkbox"/> Delete 100 NORTH SEPULVEDA BLVD., 19TH FLOOR EL SEGUNDO, CA 90245	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LATIF, JAVED <input type="checkbox"/> Delete 100 N SEPULVEDA BLVD 19TH FLOOR EL SEGUNDO, CA 90245	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/12/07 Daytime Phone # _____	